



Nevada Division of Insurance

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Probationary Sponsor's Name & Address:	Respondent's Name and Address:	DOI USE:
<p>Pursuant to the Agreement To and Acknowledgement of Terms of Probation and Order in the matter of <u> </u> (Respondent), Cause no.: <u> </u>, you have acknowledged that you will abide by the terms of the order. You are required to make the following report to the Commissioner by the due dates as indicated in the order. During the final month of the order, you must set an appointment with the Division to discuss the individual's compliance with the Title 57 of the Nevada Revised Statutes (NRS) and the Nevada Administrative Code (NAC) and whether a non-probationary license should be issued to <u> </u> (Respondent). <u>Failure to provide the required report could result in administrative action against both the respondent and the sponsor.</u></p> <p><u> </u> year probationary license issued on <u> </u>. Reporting period for year one: 1st Quarter <u> </u>, 2nd Quarter <u> </u>, 3rd Quarter <u> </u>, 4th Quarter or 11th month <u> </u>. Year (Circle one) Year 1, Year 2, 35th month.</p>		
Pursuant to NRS 679B.159, any person who has knowledge of a violation of any provision of this code shall promptly report the facts and circumstances pertaining to the violation to the Commissioner.		
1. List the insurance duties of the probationary licensee (Attach additional sheets if necessary):		
2. Did you directly and personally supervise the licensee in all of their activities during the probationary period? A "No" response requires a statement summarizing why you did not supervise.		Yes ____ No ____
A "Yes" response on the remaining questions requires a detailed statement summarizing the details. While the licensee was under your supervision:		
3. Were there any complaints filed against the licensee during this quarterly probationary period?		Yes ____ No ____
4. Has the licensee misappropriated, converted or improperly withheld money or property received in the course of the business of insurance?		Yes ____ No ____
5. Has the licensee intentionally misrepresented the terms of an actual or proposed contract or application for insurance?		Yes ____ No ____
6. Has the licensee used fraudulent, coercive or dishonest practices, or demonstrated incompetence, untrustworthiness or financial irresponsibility in the conduct of business?		Yes ____ No ____
7. Has the licensee forged another's name to an application for insurance or any other document relating to the transaction of insurance?		Yes ____ No ____
8. Has the licensee knowingly accepted business related to insurance from an unlicensed person?		Yes ____ No ____
9. Has any contract or other business relationship with an insurance company terminated for any alleged misconduct?		Yes ____ No ____
10. Is there anything additional you would like to add (Attach additional sheets if necessary)?		Yes ____ No ____
PROBATIONARY SPONSOR AND RESPONDENT'S ACKNOWLEDGEMENT		
<p>I hereby certify that, under penalty of perjury, all of the information submitted in this probationary report and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this report is grounds for administrative action and may subject me to civil or criminal penalties.</p> <p>_____ Printed Name and Signature of Probationary Sponsor (date)</p> <p>_____ Printed Name and Signature of Respondent (date)</p>		
<p>DOI USE: This correspondence must be directed to the Producer Licensing Section. cc: Legal & Enforcement Section upon receipt. <u> </u> year probationary license issued on <u> </u>. Reporting period for year one: 1st Quarter <u> </u>, 2nd Quarter <u> </u>, 3rd Quarter <u> </u>, 4th Quarter or 11th month <u> </u>.</p>		